

● PRINTER RUSH ●
(PTO ASSISTANCE)

CORRESP.
HC

Application :	<u>10/655787</u>	Examiner :	<u>Patel, R. B.</u>	GAU :	<u>2838</u>
From :	<u>AMW</u> (CA)	Location :	IDC <u>(FMF)</u> FDC	Date :	<u>1/17/06</u>

Tracking #: _____

Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>08-02-2005</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: <u>IMPROPER DEPENDENCY: Original claims 14-17</u> <u>(final claims 9-12) each depend upon cancelled original claim 13.</u> <u>Please correct.</u>	<u>Thank you, AMW</u>

[XRUSH] RESPONSE: _____	INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04